For children in the custody of NDDHS for whom specialized recruitment efforts were necessary to facilitate an adoptive placement.		
Child's Birth Name		ate of Birth
Child's Adopted Name	1	
Licensed Child Placing Agency		
The placing agency requests that this child be app specialized recruitment efforts were made on his/h	•	
Had no potential identified adoptive family u	ıpon referral; <u>an</u>	<u>d</u>
The child is over the age of 7; or		
The child meets the criteria for a child physical, mental or emotional disability	•	eeds" in that he/she has a serious
The child is part of a sibling group bei	ing placed toget	her for adoption; or
The child is Native American.		
LCPA Representative Signature		Date
Administrator, Adoption Services, NDDHS	Approved Not Approved	Date